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Bib Data Sheet

CONFIRMATION NO. 3039

SERIAL NUMBER 10/807,480	FILING DATE 03/23/2004 RULE	CLASS 223	GROUP ART UNIT 3747	ATTORNEY DOCKET NO. C041169/0176661
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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/623,650 09/06/2000 ABN
 which is a 371 of PCT/PL99/00005 03/01/1999

** FOREIGN APPLICATIONS *****

POLAND PCT/PL99/00005 03/01/1999

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/04/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY POLAND	SHEETS DRAWING 1	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Auxiliary device for putting on therapeutic compression garments, especially tights, knee-length socks and full-length stockings

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)